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EXAMINER

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Please find below and/or attached an Office communication concerning this application or proceeding.



### DETAILED ACTION

Claims 12-31 are pending in this application.

#### *Claim Rejections - 35 USC § 112*

The following is a quotation of the first paragraph of 35 U.S.C. 112:

The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same and shall set forth the best mode contemplated by the inventor of carrying out his invention.

Claims 29-31 are rejected under 35 U.S.C. 112, first paragraph, because the specification, while being enabling for the treatment of hypertension, does not reasonably provide enablement for a method of activating soluble guanylate cyclase or a method of treating of all other disorders of claim 30 or a method of preventing the disorders of claim 30, generally. The specification does not enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to use the invention commensurate in scope with these claims.

In evaluating the enablement question, several factors are to be considered. Note *In re Wands*, 8 USPQ2d 1400 and *Ex parte Forman*, 230 USPQ 546. The factors include: 1) The nature of the invention, 2) the state of the prior art, 3) the predictability or lack thereof in the art, 4) the amount of direction or guidance present, 5) the presence or absence of working examples, 6) the breadth of the claims, and 7) the quantity of experimentation needed. The determination that “undue experimentation” would have been needed to make and use the claimed invention is not a single, simple factual determination. Rather, it is a conclusion reached by weighing all the above noted factual considerations.

The scope of the claims is not adequately enabled solely based on the activity related to soluble guanylate cyclase activity provided in the specification. First, the instant claims cover disorders that are known to exist and those that may be discovered in the future, for which there is no enablement provided. Test procedures and assays are provided in the specification in page 29 and n-fold stimulation data for some of the exemplified compounds is provided in page 30, however, there is nothing in the disclosure regarding how this *in vitro* data correlates to the treatment of the diverse disorders embraced the instant claims. The disorders encompassed by the instant claims include e.g., cardiovascular disorders, thromboses, endothelial dysfunction, diastolic dysfunction, atherosclerosis, angina pectoris, restenoses, stroke, etc., some of which have been proven to be extremely difficult to treat. There is no reasonable basis for assuming that the myriad of compounds embraced by the claims will all share the same physiological properties since they are so structurally dissimilar as to be chemically non-equivalent and there is no basis in the prior art for assuming the same. Note *In re Surrey*, 151 USPQ 724 regarding sufficiency of disclosure for a Markush group.

Regarding cGMP mediated smooth muscle relaxation, a state of the art reference, Carvajal et al. (Journal of Cellular Physiology 2000) provides that “further investigation is necessary to elucidate the exact role of cGMP and PKG in the control of SM contractile activity in humans” (see page 417). Another reference, Yamashita et al. (Hypertension 2000) regarding cGMP mediated vasorelaxation, indicates that “Although a large number of studies have tried to clarify the underlying mechanisms of nitrate tolerance, the precise mechanisms remain to be elucidated” (see page 100).

Cardiovascular disorders, thromboses embrace a vast array of problems, many of which are contradictory to others. Thus, it covers hypertension and hypotension. It covers various types of arrhythmias; angina pectoris, the thrombotic symptoms of diabetes, atherosclerosis and hyperlipoproteinaemias, ischaemic heart disease including congestive heart failure and myocardial infarction, stroke, and peripheral vascular disorders, such as deep-vein thrombosis and thrombophlebitis percutaneous transluminal coronary angiography (PTCAI; elevated blood levels of triglycerides, of total cholesterol or of LDL cholesterol', arteriosclerosis, peripheral vascular disease, cerebral vascular disease and pulmonary hypertension, migraine, cardiomyopathy, etc. Not one compound -- let alone a genus of trillions of compounds, could possibly be effective against such disorders generally. A state of the art reference regarding NO signaling mechanisms in vascular tissue (Wolin et al., Biochemsitry (Moscow) 1998) provides that "the actual process involved is not completely understood". Prandoni (Journal of Hematology 2003) provides that "Although considerable progress has been made in the treatment of venous thromboembolic disorders, many unanswered questions remain and await proper solution" (see page 610).

Endothelial dysfunction is a physiological dysfunction of normal biochemical processes carried out by endothelial cell, the cells that line the inner surface of all blood vessels, arteries and veins. Compromise of normal function of endothelial cells is characteristic of endothelial dysfunction. Normal functions of endothelial cells include mediation of coagulation, platelet adhesion, immune function, control of volume and electrolyte content of the intravascular and extravascular spaces. Endothelial dysfunction can result from disease processes, as occurs in septic shock, as well as from environmental factors, such as from smoking tobacco products. A

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state of the art reference, Lerman (2002) provides that – “Although various interventions were shown to be associated with improvement of endothelial function, little is currently known about the clinical and prognostic impact of therapeutic improvement of endothelial function” (see [http://www.nhlbi.nih.gov/meetings/workshops/wise/session02\\_lerman.pdf](http://www.nhlbi.nih.gov/meetings/workshops/wise/session02_lerman.pdf)). Another reference, Koren (2002) indicates that “There are no specific published guidelines for the treatment of left ventricular diastolic dysfunction” (see <http://www.dcmsonline.org/jax-medicine/2002journals/Feb2002/diastolic.htm>).

The scope of the method claim 30, is not adequately enabled solely based on the activity related to soluble guanylate cyclase provided in the specification. The claim language includes diseases that are known and those that are yet to be discovered, for which there is no enablement. The instant claims are drawn to ‘A method of treating or **preventing**....’ several diseases, and therefore, the instant claim language embraces disorders not only for the treatment, but also for “prevention” which is not remotely enabled. Based on the n-fold stimulation results by activation of sGC (see specification pages 29-30), the instant compounds are disclosed to be useful in the “prevention” of cardiovascular disorders, diabetes, stroke, etc., for which applicants provide no competent evidence. “To prevent” actually means *to anticipate or counter in advance, to keep from happening etc.* (as per Webster's II Dictionary) and therefore it is not understood how one skilled in the art can reasonably establish the basis and the type of subject to which the instant compounds can be administered in order to have the “prevention” effect. The specification provides n-fold stimulation values for the exemplified compounds in a sGC activation test (see page 29), however, it is inconceivable from this *in vitro* data, as to how the claimed compounds can not only treat but also “prevent” a myriad of diseases associated with

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the stated activity. Further, there is no evidence on record which demonstrates that the *in-vitro* screening test relied upon is recognized in the art as being reasonably predictive of success in any of the contemplated areas of 'prevention'. Such a reasonable correlation is necessary to demonstrate such utilities. See *Ex parte Stevens*, 16 USPQ 2d 1379 (BPAI 1990); *Ex parte Busse et al.*, 1 USPQ 2d 1908 (BPAI 1986) (the evidence must be accepted as "showing" such utility, and not "warranting further study"). The instant list of disorders includes conditions such as diabetes, for which it is conventionally known that there is no cure or prevention (see e.g., [http://www.hutcheson.org/Services/diabetes/index\\_diabetes.htm](http://www.hutcheson.org/Services/diabetes/index_diabetes.htm)). The evidence presented in this case does not show such utilities related to 'prevention', but only warrants further study. Ko et al. (Blood, 1994) in their publication regarding an activator of guanylate cyclase, reported that "further investigations of its in vivo antithrombogenic activity is warranted." Also, Adnot et al. in their publication (PubMed Abstract enclosed) related to stimulator of sGC, expressed "The significance of this abnormality of NO-mediated endothelium-dependent vasodilation in different pathological conditions has not been established". Further, Ayajiki et al. (PubMed Abstract enclosed) in their article regarding erectile dysfunction noted that "To develop more selective and safer therapeutics for ED, further systematic investigations are required". This clearly highlights the unpredictability in the art and the need for undue experimentation. Furthermore, there is no evidence of record which would enable the skilled artisan in the identification of the people who have the potential of becoming afflicted with the disorders encompassed by the instant claims.

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(Only a few of the claimed diseases are discussed here to make the point of an insufficient disclosure, it does not definitely mean that the other diseases meet the enablement requirements).

Thus, factors such as “sufficient working examples”, “the level of skill in the art” and “predictability”, etc. have been demonstrated to be sufficiently lacking in the use of the invention. In view of the breadth of the claim, the chemical nature of the invention, the unpredictability of ligand-receptor interactions in general, and the lack of working examples regarding the activity of the claimed compounds, one having ordinary skill in the art would have to undergo an undue amount of experimentation to use the invention commensurate in scope with the claims.

The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

Claim 29 is rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention. In the claim, the term “comprising” is repeated. The claim is confusing because it is not understood, “to what subject” is effective amount of the compound added.

### ***Double Patenting***

The nonstatutory double patenting rejection is based on a judicially created doctrine grounded in public policy (a policy reflected in the statute) so as to prevent the unjustified or improper timewise extension of the “right to exclude” granted by a patent and to prevent possible harassment by multiple assignees. See *In re Goodman*, 11 F.3d 1046, 29 USPQ2d 2010 (Fed. Cir. 1993); *In re Longi*, 759 F.2d 887, 225 USPQ 645 (Fed. Cir. 1985); *In re Van Ornum*, 686



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F.2d 937, 214 USPQ 761 (CCPA 1982); *In re Vogel*, 422 F.2d 438, 164 USPQ 619 (CCPA 1970); and *In re Thorington*, 418 F.2d 528, 163 USPQ 644 (CCPA 1969).

A timely filed terminal disclaimer in compliance with 37 CFR 1.321(c) may be used to overcome an actual or provisional rejection based on a nonstatutory double patenting ground provided the conflicting application or patent is shown to be commonly owned with this application. See 37 CFR 1.130(b).

Effective January 1, 1994, a registered attorney or agent of record may sign a terminal disclaimer. A terminal disclaimer signed by the assignee must fully comply with 37 CFR 3.73(b).

Claims 12-31 are rejected under the judicially created doctrine of obviousness-type double patenting as being unpatentable over claims 1-11 of U.S. Patent No. 6,627,628. Although the conflicting claims are not identical, they are not patentably distinct from each other because the instant claims substantially overlap the compounds of the reference claims. The instant claims are drawn to a subgenus or species that fall within the genus of the reference claims. The reference compounds are taught to be useful as pharmaceutical agents, see the claims in the reference. It would have been obvious to one having ordinary skill in the art at the time of the invention to select any of the species of the genus taught by the reference, including those instantly claimed, because the skilled chemist would have had the reasonable expectation that any of the species of the genus would have similar properties and, thus, the same use as taught for the genus as a whole i.e., as pharmaceutical agents. One of ordinary skill in the art would have been motivated to select the claimed compounds from the genus in the reference since such compounds would have been suggested by the reference as a whole.


***Conclusion***

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Deepak Rao whose telephone number is (571) 272-0672. The examiner can normally be reached on Tuesday-Friday from 6:30am to 5:00pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, James O. Wilson, Acting-SPE of 1624, can be reached at (571) 272-0661. The fax phone number for the organization where this application or proceeding is assigned is (571) 273-8300.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the receptionist whose telephone number is (571) 272-1600.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

  
**Deepak Rao**  
**Primary Examiner**  
**Art Unit 1624**

September 21, 2005